

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|---------------------|---|------------------------|
| Application No. | : 10/651,851 | Confirmation No.: 8124 |
| Applicants | : Richard G. Cartledge, <i>et al.</i> | |
| Filed | : August 29, 2003 | |
| TC/A.U. | : 3738 | |
| Examiner | : Thomas Sweet | |
| Title | : METHODS FOR CONTROLLING THE INTERNAL | |
| | : CIRCUMFERENCE OF AN ANATOMIC ORIFICE OR LUMEN | |
| Docket No. | : 28099-0005 | |
| Customer No. | : 24633 | |

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith for filing is an Amendment in response to the Office Action mailed September 18, 2007, in the above-identified application.

- ☐ Applicant petitions for an extension of time, the fees for which are set forth in 37 C.F.R. § 1.17(a), for the total number of months checked below:

| <u>Total Months</u> <u>Requested</u> | <u>Fee for</u> <u>Extension</u> | <u>Fee for</u> <u>Small Entity</u> |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> one month | \$ 120.00 | \$ 60.00 |
| <input type="checkbox"/> two month | \$ 460.00 | \$ 230.00 |
| <input type="checkbox"/> three month | \$ 1050.00 | \$ 525.00 |
| <input type="checkbox"/> four month | \$ 1640.00 | \$ 820.00 |
| <input type="checkbox"/> five month | \$ 2230.00 | \$ 1115.00 |

Extension of time fee due with this request: **\$ 0.00**

If an additional extension of time is required, please consider this a Petition therefore.

U.S. Application No. 10/651,851
Amendment Transmittal

The fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE |
|-------------------|---|-------|---------------------------------------|------------------|-------------|----------------|
| TOTAL | 20 | MINUS | 22 | = 0 | x 50/25 = | \$ 0.00 |
| INDEP. | 2 | MINUS | 4 | = 0 | x 210/105 = | \$ 0.00 |
| Extension of Time | | | | | | \$ 0.00 |
| TOTAL | | | | | | \$ 0.00 |

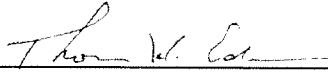
- ☐ No additional fee is required.
- ☐ A check in the amount of \$ **0.00** is attached.
- ☐ Please charge my Deposit Account No. 50-1349 the amount of \$0.00.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1349.
- ☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

HOGAN & HARTSON LLP

Dated: December 18, 2007

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